

<b>CERTIFICATION OF TRANSMISSION</b>	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 872-9306 on <b>September 8, 2004</b> .	
<u>9/8/2004</u> Date of Deposit	<u>[Signature]</u> Rochelle Lieberman

**PATENT**  
**Atty. Docket No.: BEA920000003** **RECEIVED**  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Delany et al.	Group Art Unit:	3624
SERIAL NO.:	09/656,320	Examiner:	Snapp, S.
FILING DATE:	September 6, 2000		
FOR:	<b>Method For Usage Billing In An Internet Environment</b>		

**AMENDMENT TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is an amendment in the above-identified patent application.

- ☐ ☐ verified statement(s) claiming small entity status  
☐ are also enclosed ☐ was submitted previously.
- ☐ A Petition for Extension of Time is also enclosed.
- ☐ An Associate Power of Attorney is also enclosed.
- ☒ No additional fee is required.
- ☐ An additional fee is required, and is calculated as shown below:

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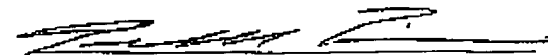
FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	17	MINUS 20 =	0	x \$18 =	\$0
Independent Claims	3	MINUS 3 =	0	x \$84 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for ___ Months					N/A
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0</b>

☐ A Credit Card Payment Form in the amount of \$\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No.

Respectfully submitted,

By:



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**ATTENTION:** Examiner Snapp

**DATE:** September 8, 2004

**TIME:** 3:25 p.m.

**NUMBER OF PAGES:** 13 total page(s) (including this cover)

**FROM:** Rochelle Lieberman, Esq.

**RE:** Serial No. 09/656,320

**DESCRIPTION:** Response to Third Office Action (Non-Final)

**COMMENT:**

**Voice Confirmation Required:**☐**Yes**☒**No****Original to Follow by Mail/Courier:**☐**Yes**☒**No**

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